



## Emergency Management and Response Information Sharing and Analysis Center (EMR-ISAC)

**INFOGRAM 3-12**

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***NOTE:** This INFOGRAM will be distributed weekly to provide members of the Emergency Services Sector with information concerning the protection of their critical infrastructures. For further information, contact the Emergency Management and Response- Information Sharing and Analysis Center (EMR-ISAC) at (301) 447-1325 or by e-mail at [emr-isac@fema.dhs.gov](mailto:emr-isac@fema.dhs.gov).*

### Emergency Services Winter Driving

(Sources: Fire Engineering and FireRescue1)

Harsh winter weather has begun creating havoc in some parts of the United States. In affected areas, Emergency Services Sector (ESS) personnel are adapting their emergency vehicle driving behaviors to icy or snow-covered roads and sub-zero temperatures to perform their mission-essential tasks.

To ensure individual safety as well as mission accomplishment, these behaviors apply equally to preventive maintenance and driver performance with the privately-owned vehicles (POVs) that bring responders to and from work. Recognizing that ESS personnel must practice quality operator maintenance in addition to safe driving habits with their POVs, in addition to emergency vehicles, the [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) consulted "[Winter Driving Tips for Firefighters and Paramedics/EMTs](#)" at [fireengineering.com](http://fireengineering.com).

Some of the topics discussed in this article pertain to vehicle preparedness, the road and environment, limited sight distance, stopping distance, sound modification and air horns, the driver, intersections, incident scene, and simulation training. More information can be seen in "[Impacts of Winter Weather—Part 2](#)" at [FireRescue1](http://FireRescue1).

### Dirty Bombs Awareness

(Sources: Congressional Research Service, Nuclear Regulatory Commission, and The National Academies)

In its "[Dirty Bombs: Background in Brief](#)" (PDF, 448 Kb), the [Congressional Research Service](#) recently reported that terrorists have interest in radiological dispersal devices (RDDs) to cause panic, area denial, and economic dislocation. According to the [U.S. Nuclear Regulatory Commission](#) (NRC), a dirty bomb is one type of RDD that combines conventional explosives (e.g., dynamite) with radioactive material that may disperse (i.e., spread radioactive contamination) when the device explodes.

The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) noted that dirty bombs may kill some people and contaminate property. However, they are also weapons of mass terror and disruption, as reports of radioactive contamination can incite fear and result in significant economic, social, and psychological harm. NRC research indicates that the probable consequences of a dirty bomb could be far greater than the initial personal and physical damage from the weapon.

Materials that can be used in dirty bombs are found in laboratories, research facilities, medical centers, food irradiation plants, and other industrial sites, according to [The National Academies](#). Therefore, public and private sector organizations as well as the emergency services should consider these sources when planning for the protection and resilience of their local critical infrastructures.

See "[Radiation and Dirty Bomb Primer](#)" for additional information.

## Guidelines for Field Triage of Injured Patients

(Source: Centers for Disease Control and Prevention)

Last week, the [Centers for Disease Control and Prevention](#) (CDC) published the [2011 Guidelines for Field Triage of Injured Patients](#) to replace the Guidelines released in 2009. The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) observed that the 2011 Guidelines intend to help prehospital-care providers recognize individual injured patients who are most likely to benefit from specialized trauma center resources.

According to the document's Introduction, Emergency Medical Services (EMS) personnel make daily decisions about the most appropriate destination hospital for injured patients. "These decisions are made through a decision process known as 'field triage,' which involves an assessment not only of the physiology and anatomy of the injury but also of the mechanism of the injury and special patient considerations."

The document further states: "The goal of the field triage process is to ensure that injured patients are transported to a trauma center or hospital that is best equipped to manage their specific injuries, in an appropriate and timely manner, as the circumstances of injury might warrant." The 2011 Guidelines contain changes to the decision scheme for EMS responders who care for and transport patients injured from motor vehicle crashes, falls, and other causes each day throughout the nation.

## 2012 Interagency Emergency Helicopter Extraction Source List

(Sources: U.S. Forest Service and Wildland Fire Lessons Learned Center)

The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) learned that it is prudent to consult the [2012 Interagency Emergency Helicopter Extraction Source List](#) (PDF, 2.5 Mb) when developing the flight plans for wildfire rescues. This updated publication delivers a thorough listing of helicopter resources available to conduct human extractions for emergency evacuations.

This list provides Incident Management Teams, Geographic Area Coordination Centers, and the Forest Service with access to the availability of helicopter resources on a state, geographical, and national basis for wildfire rescues. The goal is to provide emergency response to the seriously injured and to respond as quickly as possible to life threatening situations occurring on agency and interagency incidents.

The [Wildland Fire Lessons Learned Center](#) stated: "As evidenced by recent medical emergencies in the field, this is a crucial document that will save precious time when it matters most."

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